PTO/SB/122 (01-06) Approved for use through 12/31/2008, OMB 0651-0035

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/Mark Farber/

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forms if more than one signature is required, see below\*

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number \_34,159

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Application Number

## December 22, 2003 CORRESPONDENCE ADDRESS Filing Date Application Ronutti First Named Inventor 3731 Art Unit Address to: Commissioner for Patents THALER, MICHAEL H **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 2500DV2CN2DV3CN7 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: 50855 OR Firm or $\overline{\phantom{a}}$ Individual Name Covidien 60 Middletown Avenue Address City State Zip 06473 North Haven čΪ Country Telephone (203) 492-1000 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor

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